Is There a Doctor in the Mouse: Using Information Technology to Improve Healthcare
Testimony delivered to the
U.S. House Subcommittee on the Federal Workforce and Agency Organization
Wednesday July 17, 2005, 2:00pm
Congressman Tim Murphy (R-PA)

Thank you, Mr. Chairman.

Almost a year ago as Acting Chairman of this subcommittee, I convened a hearing on how the federal government could drive improvements in our nation's health care system. A year later, over 45 percent of our nation's mandatory spending is going towards health care and while these numbers continue to climb[1], the federal government has yet to provide interoperable Electronic Medical Records and Electronic Prescribing to its employees. As the largest purchaser of health care, any steps that the federal government takes to improve the quality of care has the power to transform the health care culture in this country from one of "who pays," to one of "what we are paying for."

When most people hear the phrase 'health information technology,' they think of wires, hardware, software, PDAs and computers, when in reality it means fewer errors, less infections and mistakes, lower cost, better quality and a higher standard of care. It's as simple as that.

Imagine this scenario. You are on a vacation in Colorado and you lose your luggage. You can simply go to a local ATM, put in your credit or debit card, immediately access your home account and get the money to buy what you need. You can also transfer

[1] Heffler, Stephen. U.S. Health Spending Projections For 2004–2014. Office of the Actuary, enters for Medicare and Medicaid Services. February 2005.

money from one account to another, check your balance to make sure that you have enough money to pay for your expenses, or check your account history for mistakes. Now, imagine the same scenario but instead of losing your luggage, you have an auto accident and are unconscious. You are taken to a hospital and the doctor needs to treat you immediately but they do not have access to your medical records or history. Your spouse has your insurance information but they are stuck filling out forms while the doctors rushes you in for an MRI. Minutes count. But the doctor does not have the information needed including your medications, allergies or past problems such as heart disease. So precious time is lost and doctors have to act without important information and mistakes are made.

What if we could prevent these mistakes through the successful implementation of health information technology? What if your medical information was as instantly accessible as your money? As part of a National Health Information Network, this information would be accessible wherever you are to ensure that your doctor has the information necessary to avoid a preventable medical error and save your life.

President Bush has stated that when it comes to Health IT, "We want to lead. We're not interested in following."[2] The Federal Employees Health Benefits (FEHB) program is no exception and should leverage its buying power to support the President's goal for every American to have interoperable health records within 10 years.

[2] President Bush. President Bush Touts Benefits of Health Care Information Technology. White House Remarks by the President in a Conversation on the Benefits of Health Care Information Technology. Department of Veterans Affairs Medical Center. April 27, 2004.

Historically, the FEHB program often serves as a model for improving the overall quality of our nation's health care system. Whether it is offering mental health coverage on an equal basis with other medical care or bringing affordable prescription drugs to its members; the FEHB program has the opportunity and the responsibility to drive these changes to improve the nation's health care system.

Plans to bring health information technology to the FEHB program are already underway. Dr. David Brailer, the President's National Coordinator for Health Information Technology, has cited the Framework for Strategic Action on Health IT report to President Bush from the Office of Personnel Management to provide incentives and regulatory changes in the FEHB Program to promote the adoption of interoperable health information technology for the program's over 8 million beneficiaries.[3] However, the train for health information technology has already left the station. In fact, 32 states and the District of Columbia are already developing and financing the implementation of private health information initiatives across the country.[4] While I am pleased with the leadership from U.S. Department of Health and Human Services (HHS) Secretary Michael Leavitt to establish a uniform process for determining interoperable standards for Health IT, every day that we delay implementation is costing lives and money to the tune of over $100 billion dollars,[5] and 195,000 lives[6] per year.

[3] Fyffe, Kathleen. Office of the National Coordinator for Health Information Technology. Staff Presentations. Markle Foundation, Connecting for Health. March 2005.
[4] Marchibroda, Janis. American Health Quality Foundation eHealth Initiative Advisory Panel. February 24, 2005.
[5] Walker, Jan. et. al. The Value of Health Care Information Exchange And Interoperability. Center for Information Technology Leadership. January 2005.: eHealth

Despite the urgent need for the immediate deployment of health information technology, there remain a number of obstacles which the federal government needs to address. Often small physician practices do not have the financial resources to make this a reality with only 13% of solo physicians implementing Electronic Medical Records, compared to 57% of large group practices of 50 or more physicians.[7] Furthermore, under current Stark anti-kickback laws, it is illegal for hospitals and health care providers to offer this technology to their patients. While HHS has taken proactive steps with the recent creation of Secretary Leavitt's Health IT advisory group, the American Health Information Community (AHIC) and the release of the Requests For Proposals for standards, security, privacy and prototypes of a National Health Information Network, without certified uniform standards across the federal and private sector, doctors, patients and insurers are left without any guidance as to how to make the vision of interoperable health records a reality. This situation creates a 'Tower of Babble,' where various regional health information technology projects can not talk to one another.

Let me give you an example of success. The University of Pittsburgh Medical Center (UPMC), which is ranked No. 1 in health care by InformationWeek 500 of the most innovative users of information technology in the United States and 5th among all U.S. companies has already committed $500 million to developing an interoperable Electronic Medical Record between its 20 hospitals. In addition, UPMC has recently

---

Initiative. Electronic Prescribing:Toward Maximum Value and Rapid Adoption. April 2004. : Center for Information Technology Leadership 2004.

[6] HealthGrades. Second Annual Patient Safety in American Hospitals Report. May 2005.

[7] Brailer, David. Remarks by David Brailer, MD. PhD. National Coordinator for Health Information Technology. HIMSS 2005. July 2005.

formed a partnership with IBM for $402 million over the next 8 years to develop and commercially market medical technologies and information systems,[8] while the federal government is still on the sidelines studying this issue. Meanwhile, people are dying.

To ensure that the federal government can bridge this adoption gap with private industry, I have introduced, H.R. 2234, the *21st Century Health Information Act* along with my colleague Rep. Patrick Kennedy from Rhode Island, a bill cosponsored by the Chairman of this full committee, the Honorable Rep. Tom Davis of Virginia. This legislation will provide $50 million in grants and loans to regional Health IT projects with a preference for small providers, calls for interoperable standards to be established by private industry with certification from the Secretary of HHS and removes the current Stark barriers for providers to supply their doctors with Health IT. It will also leverage the federal resources of Medicare and Medicaid to reward providers who show improvements in the quality and performance of care through the successful implementation of information technology. This legislation has been emulated in the U.S. Senate, which recently passed a version out of the Senate Health, Education, Labor and Pensions Committee. As the Co-chair of the 21st Century Health Care Caucus, I am currently working with House Ways and Means Health Subcommittee Chair Nancy Johnson (R-CT) and House Energy and Commerce Health Subcommittee Chair Nathan Deal (R-GA) to ensure that the House also passes Health IT legislation this year.

[8] Duffeild, Jane. IBM and UPMC in $402 Million On Demand Agreement to Drive Health Care Transformation. April 2005.

Congress can no longer ignore the benefits of health information technology. If we accomplish one thing during this session of Congress, we need to ensure that the federal government takes advantage of the substantial benefits of information technology to improve the quality of care. These benefits include but are not limited to reducing the redundancy of testing and paperwork, virtually eliminating prescription errors, preventing adverse effects from conflicting courses of treatment while significantly reducing medical errors and administrative health care costs.

For example, Electronic Prescribing will ensure that patients receive the lowest generic prescription drugs available. However, it does not matter how much the drug costs when it is the wrong drug, for the wrong patient, at the wrong dosage for the wrong condition, at the wrong time. We need to follow the President's advice and lead by example to establish standards for Health IT and to help doctors acquire electronic prescribing software before preventable errors take the lives of those whom we hold most dear. With over 150 million phone calls made each year by pharmacists to clarify illegible doctors' handwriting, [9] and 1 out of every 12 seniors receiving the wrong medications,[10] there are no excuses for a congressional gap in leadership on this issue.

Thank you Mr. Chairman for allowing me to testify today on the benefits of health information technology. It is important to remember that Health IT is only one

---

[9] Institute for Safe Medication Practices. Electronic Prescribing Can Reduce Medication Errors. 2000.

[10] Goulding, Margie. Inappropriate Medication Prescribing for Elderly Ambulatory Care Patients. Archives of Internal Medicine. 2004.

piece of the puzzle to improving the quality of care. The federal government needs to continue to expand and enhance high value services such as comprehensive care management, coordination of care and preventive services. In addition, the federal government needs to continue pay-for-performance measures, such as the demonstration projects currently underway in Medicare, as well as creating legal protections and incentives to empower employees to improve medical hygiene and to stop medical procedures and recommend improvements when they see a chance for medical mistakes without a fear of punitive actions to improve the quality of our nation's health care system.

Patients must also fulfill their responsibilities by adhering to doctors' orders, following prescription regimens, keeping updated medical information and improving their lifestyle choices to help decrease the cost of medical care in this country. I would like to applaud Chairman Porter for having this hearing today and I look forward to working with the Members of this committee to guarantee that the federal government leads by example to lower heath care costs to ensure the American taxpayer receives the quality of health care that they are paying for.